

# UNOFFICIAL COPY



DECEASED JOINT  
TENANCY AFFIDAVIT

Doc#: 0423945055  
Eugene "Gene" Moore Fee: \$28.50  
Cook County Recorder of Deeds  
Date: 08/26/2004 09:59 AM Pg: 1 of 3

STATE OF ILLINOIS  
COUNTY OF

Beverly J. Gregory being duly  
sworn states that I resides at 7725 South Bishop  
in the city of Chicago

That I was acquainted Prince Ella Grant  
deceased who, at the time of  
HER death, was one of the owners of the land in  
COOK County, Illinois, described as:

P.I.N. 20-29-313-008-0000  
That the deceased died August 7, 2004

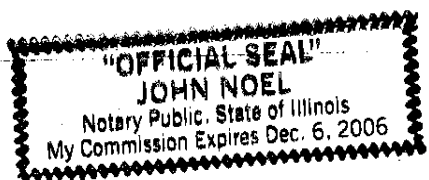
as evidenced by a certified copy of death certificate of the  
deceased attached hereto.

Subscribed and sworn to before me by the said

Beverly J. Gregory  
this 26 day of August, A.D. 2004

John Noel  
Notary Public

Beverly J. Gregory  
(affiant signature)



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Property of Cook County Clerk's Office

hereby releasing and conveying all rights in and by virtue of the Homestead Exemption Laws of the State of Illinois.  
 LOT 32 IN MILLER AND AFFELDIS REUSBDIVISION OF LOTS 1 TO 54 INCLUDING VACATED  
 ALLEY, IN SUBDIVISION OF BLOCK 29 IN JONES SUBDIVISION, IN THE WEST 1/2 OF  
 THE SOUTHWEST 1/4 OF SECTION 20, TOWNSHIP 38 NORTH, RANGE 14 EAST OF THE  
 THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Permanent Real Estate Index Number: 20-20-213-008-0000  
 Address of Real Estate: 7725 S. BISHOP, CHICAGO, ILLINOIS

Beverly J. Gregory  
 7725 South Bishop  
 Chicago, IL 60620



Cook County Clerk's Office

STATE OF ILLINOIS  
 STATE FILE NUMBER  
**611 493**

STATE OF ILLINOIS  
 COUNTY OF COOK  
 CITY OF CHICAGO

**AUG 25 2004**

CITY OF CHICAGO  
 DEPARTMENT OF PUBLIC HEALTH

THIS CERTIFICATE COPY VALID WHEN  
 MULTICOLOR SIGNATURE SEAL IS  
 AFFIXED.

REGISTRATION DISTRICT NO. **16.10**  
 REGISTERED NUMBER

DECEASED-NAME **Prince Ella** FIRST **Grant** MIDDLE **Grant** LAST **Female** SEX **3.** DATE OF DEATH (MONTH, DAY, YEAR) **August 07, 2004**

1. COUNTY OF DEATH **Cook** AGE-LAST BIRTHDAY (YRS) **5a. 93** UNDER 1 YEAR MOS. DAYS UNDER 1 DAY HOURS MIN. DATE OF BIRTH (MONTH, DAY, YEAR) **June 15, 1911**

4. CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER **Chicago** HOSPITAL OR OTHER INSTITUTION NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) **7725 S. Bishop** IF HOSE, OR INST. INDICATE D.O.A. OR HOSPITAL IN-PATIENT (SPECIFY) **Hospice**

6a. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) **Chicago** 6b. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) **Widowed** NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) **None** WAS DECEASED EVER IN U.S. ARMED SERVICES? (YES/NO) **9. NO**

7. DUNCAN, Ms 8a. USUAL OCCUPATION **Housewife** 8b. KIND OF BUSINESS OR INDUSTRY **Domestic** EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) **8** ELEMENTARY/SECONDARY (0-12) COLLEGE (13-16) OTHER (17-18)

10. SOCIAL SECURITY NUMBER **408-18-5012** 11a. RESIDENCE (STREET AND NUMBER) **7725 S. Bishop** 11b. CITY, TOWN, TWP. OR ROAD DISTRICT NO. **Chicago** 12. INSIDE CITY (YES/NO) **13c. Yes** 13d. COUNTY **Cook**

13a. STATE **IL** ZIP CODE **60620** RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) **Black** 14a. OF HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.) **NO**

13b. FATHER-NAME **Walter Ellis** FIRST **Walter** MIDDLE **Ellis** LAST **Beatrice Fredericks** MOTHER-NAME FIRST **Beatrice** MIDDLE **Fredericks** LAST **Fredericks**

15. INFORMANT'S NAME (TYPE OR PRINT) **Andrew Leak** RELATIONSHIP **Neighbors** MAILING ADDRESS (STREET AND NO. OR R.F.D. CITY OR TOWN, STATE, ZIP) **7838 S. Cottage Grove Chgo. IL 60619**

17a. IMMEDIATE CAUSE (Final disease or condition resulting in death) **STROKE**

18. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest. shock, or heart failure. List only one cause on each line.

(a) DUE TO, OR AS A CONSEQUENCE OF

(b) DUE TO, OR AS A CONSEQUENCE OF

(c) DUE TO, OR AS A CONSEQUENCE OF

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.

**CORONARY ARTERY DISEASE**

DATE OF OPERATION, IF ANY

20a. DATE OF OPERATION, IF ANY

20b. MAJOR FINDINGS OF OPERATION

20c. IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? **NO**

21a. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.

21b. WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) **NO**

21c. HOUR OF DEATH **10:04 M**

21d. DATE SIGNED (MONTH, DAY, YEAR) **8-9-04**

22a. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) **Dr. Nash** **1735 S. Ashland** **Chicago IL**

22b. ILLINOIS LICENSE NUMBER **036-106677**

23. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) **Chicago, Illinois**

24a. BIRTHDAY (MONTH, DAY, YEAR) **24. 8/14/2004**

24b. CEMETERY OR CREMATORY NAME **Leak and Sons Funeral Home** STREET AND NUMBER OR R.F.D. **7838 S Cottage Grove Chicago, Illinois 60619** CITY OR TOWN **Chicago, Illinois** STATE **IL** ZIP **60619**

25a. LOCAL REGISTRAR'S SIGNATURE **John L. Wilhelm, M.D.**

25b. LOCAL REGISTRAR'S SIGNATURE

25c. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) **AUG 25 2004**

26a. FUNERAL DIRECTOR'S SIGNATURE

26b. FUNERAL DIRECTOR'S SIGNATURE

ILLINOIS DEPARTMENT OF PUBLIC HEALTH - DIVISION OF VITAL RECORDS

BASED ON 1989 U.S. STANDARD CERTIFICATE



LOCAL REGISTRAR